

Editorial

Dermatology practice in a high-tech world

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Technology has infiltrated and facilitated a wide spectrum of indications in daily life, and healthcare cannot remain immune. The increasing demand for state-of-the-art healthcare and easy accessibility has compelled its increasing use in the management of patients. Dermatology, being a visible science, has been a pioneer in using technology to improve our standard of patient care. The key review in this issue explores the current status of stem cell therapy in dermatology. This exhaustive, evidence-based review succinctly covers the various stem cell preparations with their advantages, applications, and limitations. It systematically lists the indications and current evidence of efficacy in allergic dermatoses, including atopic dermatitis and chronic urticaria. The other dermatoses covered include autoimmune dermatoses such as pemphigus, psoriasis, vitiligo, systemic lupus erythematosus, systemic sclerosis, and morphea; epidermolysis bullosa; and esthetic indications such as skin rejuvenation and androgenic alopecia and wound healing. The review provides a single source summary of the current status of stem cell preparations in the management of dermatological disorders, including the adverse effects and challenges in incorporating this therapy in our practice.^[1]

Access to dermatological care is often a challenge across the globe, but especially in resource-poor countries where fewer dermatologists are available, teledermatology bridges the gap. COVID-19-related travel restrictions brought this technology to the forefront, providing a plausible solution for dermatology care. Mohta and Mohta present a very interesting study on usage and trends in the use of teledermatology during the two COVID-10 waves; they present the outcomes and suggest a framework for the gradual incorporation of teledermatology beyond that necessitated by a pandemic in dermatology healthcare delivery.^[2] Indeed, opportunity in adversity was never more exemplified than the acceptance of teledermatology by patients and physicians. Another in-built advantage is the convenience to patients and physicians, the decreased health care cost, and the resultant improvement of

quality of life, especially for patients with chronic dermatoses, including eczemas.

Mohta and Mohta also report a knowledge, attitude, and practice survey on the attitude of 103 dermatologists toward artificial intelligence implementation in clinical practice. There has been an upsurge in literature reporting the evaluation of artificial intelligence in varied indications in dermatology. This has been facilitated by easy access to clinical, histopathological, and dermoscopic images of skin disorders. Validated artificial intelligence tools are commercially available and purported to improve diagnostic and therapeutic outcomes. However, it is imperative to document the dermatologist's acceptability of these recent technological advancements, and this article identifies the lack of awareness and the hesitation in relying on artificial intelligence for dermatological diagnosis.^[3] This article, therefore, highlights the pressing need to bridge the gap between the developers of artificial intelligence models by educating dermatologists about its scope and usefulness while also encouraging the developers to harness artificial intelligence to address the felt needs of the physician.

Another aspect that should be highlighted is the worldwide connection of an open-access journal. This is highlighted by the letter to the editor by Santos *et al.*^[4] on renal cell carcinoma and cutaneous paraneoplastic syndrome that is in response to a letter on pembrolizumab-induced resolving papulosquamous eruption: An enigmatic presentation in a patient with renal cell carcinoma,^[5] by Mondal published as ahead of print in Indian J Skin Allergy. The primary article with a comment from Brazil and a response letter by the original reporting author^[6] appears in the same issue, providing a well-rounded opinion of the issue at hand. It is fascinating that technology has provided a platform that makes this rapid exchange of opinions possible.

Finally, we need to acknowledge that the age-old purpose of medical science is to alleviate the suffering of patients and improve their quality of life. Most allergic disorders, being chronic, have a severe impact on patients' and their

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caregivers' lives. Science and medical breakthroughs are all tailored to doing just that. However, we need to cross-talk between the physician and the patients to understand patients' felt needs, and patient mentoring and guidance would facilitate just that. We at the Indian Journal of Skin Allergy seek to increase awareness and have a positive impact on patients' lives. Therefore, we have added a new section on "Patient Corner-Random Musing," which is an opinion piece on a patient's experience of living with eczema. We believe technology provides multiple options and platforms for patient support interaction, and we are happy to add an option. The first contribution for this section is by Ms. Bose, detailing her experience of living with atopic eczema, an article that provides food for thought to us as physicians as well as members of society.^[7]

At the Indian Journal of Skin Allergy, we again request you to send in your manuscripts related to the field of skin allergy. Here, too, technology enables us to share our research and clinical material with fellow researchers and clinicians and access the content at our convenience. Hope you enjoy

reading the issue, and we would welcome your feedback at editor@skinallergyjournal.com.

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